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## Mindfulness for psychosis: A humanising therapeutic process

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## Abstract

Mindfulness for psychosis has been slow to develop, in part because of the fear and stigma that surrounds psychosis. Breakthrough research showing how to adapt mindfulness groups for people with current distressing psychosis has led to a growing research base and it is now clear that adapted mindfulness for psychosis is both safe and therapeutic. However, how it works is less clear. This article argues that at its heart is a core humanising therapeutic process, characterised by key metacognitive insights and increased acceptance both of psychotic experience and the self. This core therapeutic process is underpinned not only by commitment to mindfulness practice, but also through active, constructive engagement with the group process. Individuals discover that that they are more than the psychosis, and that the self is balanced (positive and negative) and changing. It is recommended that future research explores these intra- and inter-personal therapeutic processes alongside outcome trials.

## Background

In 1985, when I began developing cognitive therapy for psychosis, received clinical wisdom was that it was untherapeutic to talk with people with psychosis about their symptoms. It was considered at best to be futile (at that time ‘delusions’ were defined as unmodifiable), likely to provoke psychological reactance (e.g. a hardening of paranoia), and at worst might lead to an inner collapse (the ‘psychosis as vital defence’ position). The argument ran that talking about distressing experiences may be good for the rest of us, but not for people with psychosis. Our research [1] showed delusions to be amenable to psychological therapy, and that depression and anxiety scores fell alongside delusional conviction.

Fifteen years later as I developed mindfulness for psychosis, time and time again I encountered the view that people with psychosis should not be offered mindfulness – it would be futile at best, harmful at worst. Mindfulness may be good for the rest of us, but not people with psychosis. Did mindfulness not assume a common humanity that knows no diagnostic boundaries? Again, our research showed that people with current distressing psychosis were very able to engage with and benefit from mindfulness practice [2,3].

What this tells us is something about how psychosis is viewed. Both the sufferers and the very concept itself are feared. Psychosis is viewed as different, discontinuous, as lying on the other side of what Jaspers [4] called the ‘abyss’ that separates psychosis from the so-called neuroses with which we can all empathise.

Underlying a reluctance to offer mindfulness or other psychological therapies there often lies a belief that people with psychosis lack one or more key human attribute – for example, a capacity for collaboration, insight, resilience, choice, or mindful awareness. People with psychosis typically already feel dehumanised and set apart by their experiences of psychosis and trauma, and we can unwittingly add to this sense of dehumanisation if we withhold therapeutic opportunities because of our own fears and beliefs.

Against this backdrop, mindfulness for psychosis is fundamentally a humanising therapeutic process. It is humanising for the sufferers to recognise the universality of their struggles, to be more accepting of themselves and their experience, to discover and know that they are so much more than the psychosis – to feel more human. And the very act of offering mindfulness to people with psychosis is itself to humanise how psychosis is viewed and approached.

## Meet the person, not the problem

The labels schizophrenia and psychosis can evoke strong fear and self-doubt in therapists, in mindfulness teachers, in us all. We fear not being able to connect with the person, saying the wrong thing, feeling lost, making the person worse not better. These fears if unacknowledged shape our behaviour; people with psychosis pick up on this, creating a vicious cycle. When leading groups we seek to be mindful of our internal experience and thereby limit the potential impact of our fears and negative assumptions. As fearful thoughts and reactions arise, we allow them, observe them with decentred awareness, know them and let them stay or fade without judgement.

When I started working with psychosis I was 21 and blessed with a beginner's mind. I truly felt I was talking with people who at their core were the same as me (I still feel this). I was 'meeting the person, not the problem' [5]. This attitude flowed from my own assumptions about psychosis. I have always held a continuum view of psychosis [1]. More than this, I hold an essentially Rogerian [6] view that a person's core is not psychosis, but rather a constructive, positive energy towards becoming oneself more fully [7]. To offer mindfulness for psychosis is to accept psychosis as a part of the person, and endeavour to connect with and empower a person's healthy core, however remote it may seem in any given moment. This connection is pivotal to the person engaging and daring to change their relationship with psychosis.

It is therefore important to be clear about your personal and organisational assumptions about psychosis because these will influence if and how you offer mindfulness. Do you believe psychosis to be a person's core and are therefore trying to contain it? Does your organisation operate as if meaningful collaboration and therapeutic connection are out of reach? Or do you believe that behind the tyranny of voices and paranoia waiting to be seen and nurtured is a positive energy for acceptance, kindness, and connection with the world?

Adapting mindfulness: Practice, enquiry and metacognitive insight

Psychosis from a mindfulness perspective can be defined as the presence in awareness of certain experiences (voices, paranoid intrusions, tactile or visual 'hallucinations', sensations of passivity, confusion...). The aim is not to try and get rid of or stop these experiences. As always in mindfulness, the key is not the presence of unpleasant sensations but the response to them - how they are held in awareness, the degree to which they trigger self-defeating reactions and shape a sense of self.

Developing mindfulness for psychosis was a creative, collaborative process. From its beginning in 1999 we used short 10-minute practices – at the time this was very unusual, nowadays there is widespread use of brief practices. Also, each week we used the *same* mindfulness practice, a fusion of awareness of body, breathing, and open monitoring ('choiceless awareness'). Guidance is frequent and explicitly mentions difficult voices, thoughts and images. The intention was to keep practice simple, for its familiarity to become grounding, and to use a practice which brought clearly into decentred awareness both psychotic experience and reactions to it.

Moreover, we struck quite a different balance between formal practice and guided discovery/enquiry: our groups comprised two 10-minute practices, each followed by 15-20 minutes of enquiry. Why did we strike this balance? The transformative power of mindfulness comes largely through metacognitive insight [8] concerning our sensory experience, the conditions that create suffering versus well-being, and the nature of self. These insights need to be explicitly drawn out and consolidated through guided discovery before, during and especially after practice [5].

For example, many people with psychosis fear letting go during mindfulness practice of their habitual coping reactions. As Kathy said, “it’s like asking me to let go of a life belt and I’m in an ocean and I can’t swim”. Prior to practice we explicitly draw out beliefs about the perceived benefits of current habitual coping strategies and any fears about temporarily letting go of these reactions. Sue believed that her efforts to appease her six malevolent, omnipotent voices [9] prevented them from getting “even worse, stronger, more powerful, coming at me sideways” such that she “wouldn’t know how to cope”. After some weeks of practice Sue discovered “the voices are not as powerful as I thought, I’m more in control, and I know I’m more in control, they are not as frightening...there’s a light at the end of the tunnel”.

Mindfulness for psychosis is a therapeutic process

Another distinctive feature of our approach was to explicitly frame mindfulness groups as facilitating a therapeutic process rather than being a skills class. Framing is significant because it shapes our behaviour and what we pay attention to. There were four reasons for this decision.

Firstly, people primarily come to our groups because of suffering: distress, difficulty coping and living with psychosis, and lack of self-acceptance. To frame the groups as facilitating a therapeutic process feels more congruent with the group members’ own intentions and hopes of finding a new way of living with psychosis and easing the suffering and disturbance in their lives. Indeed, the relationship we seek to develop is a Rogerian therapeutic one.

Secondly, the process of change for an individual is essentially a therapeutic one. A qualitative study with the first 16 people to participate in our groups revealed a core therapeutic process at the heart of mindfulness for psychosis [10]. By patiently and repeatedly opening awareness to include psychotic sensations, it became possible to recognise and gently let go of habitual self-defeating reactions (e.g. fighting against voices, or paranoid rumination); out of these transitory experiences grew insight into the causes of distress and well-being, and participants described a sustained sense of reclaiming power through acceptance both of psychotic experience and themselves.

Thirdly, it could be said that mindfulness for psychosis is fundamentally concerned with articulating and embodying a new understanding of *self*. At the start of our work, indoctrinated by omnipotent voices and plagued by negative beliefs and past trauma, people with psychosis commonly experience themselves to be through and through bad, inadequate, worthless – the self is perceived as globally negative and fixed, unchangeable. Through practice and guided discovery/enquiry there arises a growing conviction that “I am more than my psychosis” and a new sense of self emerges that is balanced (i.e. contains both positive and negative representations) and fluid, changing.

For more than 20 years Sue’s six malevolent voices had constantly expressed hatred of her and threatened her and her family. After some months of attending weekly mindfulness groups combined with home practice, Sue was asked what she had learned about herself through mindfulness:

“I’ve always thought that only nasty, horrible people would have voices, that is why I’ve got voices, because you’re just not a human being, you’re not worthy of not having voices. But I realise now that there is good in everybody, that we’re not awful, we are the same as anybody else, just that we’ve got this disability that we’ve got”.

Lastly, framing mindfulness for psychosis as a therapeutic process rather than a skills class draws attention to the transformative potential of the group itself. We work to create therapeutic conditions that support not only learning mindfulness, but also non-specific group factors such as universality (learning that others have similar experiences), cohesion and instillation of hope. For example, to support universality we seek opportunities, either as they arise spontaneously or by drawing them out through open questioning, to underline commonality in people’s experiences. After completing our groups, people such as Sue typically report that the discovery of universality feels subjectively as important to them as learning mindfulness. This finding may challenge our own faith in the primary importance of mindfulness practice within groups, but we need to embrace it.

#### Evidence and research directions

The evidence base for mindfulness for psychosis is growing steadily. The first meta-analysis of mindfulness for psychosis [11] included data from 468 participants drawn from 7 randomised controlled-trials (RCTs) and 6 uncontrolled trials: the authors concluded that mindfulness interventions were moderately effective in reducing negative and affective symptoms, and in increasing functioning and quality of life. Two subsequent meta-analyses reported similarly promising conclusions. Cramer *et al.* [12], presenting data from 8 RCTS (n=434), reported evidence for the short-term effectiveness of mindfulness on total psychotic symptoms (5 studies, standardised mean difference=0.46), and positive symptoms (4 studies, standardised mean difference=0.57). Louise *et al.*, [13], presenting data from 10 RCTS (n=572), reported evidence of a significant benefit for mindfulness on total psychotic symptoms, but with a smaller effect size (8 studies, Hedge’s  $g=0.29$ ).

As these findings indicate, the question of how to measure benefits remains open – quality of life/wellbeing, or symptom reduction, or both? And in order to further increase scientific knowledge and therapeutic effectiveness, we need more than just RCTs. It will be as important to research the intra- and inter-personal therapeutic processes that lie at the heart of mindfulness for psychosis.

#### Coda

People often have said to me over the years that to offer mindfulness for psychosis takes courage. I see it differently. What empowers me is trust; trust in people with psychosis individually and in a group, trust in mindfulness, and trust in the core humanising therapeutic process. To truly offer mindfulness for psychosis in any moment requires that we free ourselves from fear and prejudice and reach out to the person; and that we trust in the person’s capacity to connect with us in this way, and to make choices for themselves about what is possible.

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